

e: PRSLC 2 min

UNDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

David Barasch, U.S. Attorney
 P.O. Box 11754
 Harrisburg, Pa. 17108

Article Number (Copy from service label)

Form 3811, July 1999

Domestic Return Receipt 2013

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of De'

Signature

Monleen

Agent
 Addressee

C. Is delivery address different from item 1?
 If YES, enter delivery address below:

JUL 21 2000

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

1-60-00-1256 S.C.C. 7/26/00

3
7/26/00Judge Caldwell
PRSLC 2 minFILED
HARRISBURG, PA

JUL 25 2000

MARY E. D'ANDREA, CLERK
Per _____ Deputy Clerk1-60-00-1256
Show cause
order
7/20/00

8/7/00